Concord, NH 03301.

Expense Reimbursement

(Signature of lobbyist)

(Print Name of lobbyist)

VI, Check if additional reports are attached:

Sworn Statement/Affirmation by Lobbyist

and complete to the best of my knowledge and belief.

#### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chanter 15)

| 17132   | PLEASE PRINT   | (Nort Chapt               |  | RECEIVED                    |
|---|--|---------------------------|--|-----------------------------|
| 1. Name of Lobbyist(                              | o Tanna Ge   | WS                        |  | OCT 3 0 2018                |
| II. Name of lobbyist's                            | s partnership, firm or corpo   | ration, if any:           |  | DEPARTMENT OF STAT          |
| NH W  | men's Found  | ation                     |  | <del></del>                 |
| 18 Low A  | re Ste Zus   | Concord                   | NIT  | 03301                       |
| Business Address: (Str                            | reet) (To  | own/City)                 | (State)  | (Zip Code)                  |
| (VB) 224-<br>(Telephone)                          | <u>-3355</u> ( )   | (Fax)                     | e-mail allson                                    | 10 nhumensfur               |
| reportable expense tr                             | evers: (Choose one – file separansactions which are not attended attended to the month of the mo | ributable to any one      | client).   |                             |
|   | (Full Name of Client as it appear  | irs on the Lobbyist Regis | tration Form)                                    |                             |
| OR ☐ All reportable trans unrelated to any partic | actions by the lobbyist (includual client.   | ling the lobbyist's fam   | ily), or the lobbying                            | firm listed below which are |
| IV. Date of Report                                | April 25, 2018 □   |                           | ly 25, 2018 🗀                                    |                             |
| Reports cover: activ                              | ity from date of registration to 3/  |                           | rom 4/1/18 to 6/30/18                            |                             |
|   | October 31, 2018 <b>2</b> activity from 7/1/18 to 9/30/18  |                           | nuary 30, 2019 🗔<br><i>Fom 10/1/18 to 12/31/</i> | 18                          |
| V. There have been                                | no fees received and no r  | enortable transacti       | ons made since th                                | ue last renort. □           |

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204,

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**— Report of Honorariums or

If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses

### STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

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OCT 3 0 2018

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Tanna Gews  |   |   | HAMPSHIRE<br>MENT OF STA   |
|--|---|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:  NH Women'S Fun dation  |   | ٠   |  |
| (Name of partnership, firm or corporation)   | · · ·   |   |  |
| III. Name of Client NH Women's Fundation   | Date _  | 10 30   | 118  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:   | relations, o  | or public re  | lations services   |
| a) Total of all fees received in this reporting period   | a) \$   | 0   |  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).  | b) \$<br>ear)   | 0   |  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$,  | 0   | · ·  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$   | Ó   | · · · · · · · · · · · · · · · · · · ·  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if<br>may be file<br>a aggregate.<br>xpenses; (b)<br>le: meals pu<br>ss than \$10<br>and with a va-<br>perting period<br>are of greate<br>or than \$25,<br>expense re- | expenditured for the letter of all the aggregarchased duthat is given that is greater or than \$25, but not greatments. | res are made by obbyist(s)/firm. I expenses paid gate total of all ring a business in to the person 00 or less); and than \$25.00 for purchase of a eater than \$50, |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  | a) \$   | 136.  | 59   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) <b>\$</b>  | Ö   |  |
| c) Total of all itemized expenditures reported in detail in section VI   | c) \$   | 0   |  |

| d) Total expenses for this reporting per (Add lines a, b and c)  | riod<br>· · ·  | d) S <u> </u>                     |
|--|--|-----------------------------------|
| e) Total of expenses paid this calendar<br>(This should be the amount on line fo   | year, prior to this reporting period faddendum A for last month's re   | e) \$ 4, 757. 7                   |
| f) Total of all expenses year to date  |  | ns 4, 894,31                      |
| SHESMAH WHAT FOR STREET WHO IN THE STREET BY S | enditures of more than \$25 made in the contract of more than \$25 made in the contract of the c | , <i>I</i> ,                      |
| Paid to:   | · 5011   | Amount:  \$                       |
| 6112012  | 2017 (100 Parties)   | 1 12 00 / VI                      |
|  |  | \$                                |
|  | <u> </u>   | \$                                |
| · · · · · · · · · · · · · · · · · · ·  |  | <u> </u>                          |
| ي  |  |                                   |
| -  |  |                                   |
| Sworn Statement/Affirmation by   | Lobbyist   |                                   |
| I have read RSA 15; RSA 15-B and is true and complete to the best of n   |  | affirm that the foregoing informa |
|  |  | 10/30/2018.                       |
| (Signature of lobbyist)  |  | (Date)                            |

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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OCT 3 0 2018

| I. Name of Lobbyist(s)  | <u> 104nna</u> C  |  | NEW HAMPS<br>DEPARTMENT O  | F STATE    |
|---|---|--|--|------------|
| . II. Name of lobbyist's j  | partnership, firm or co   | rporation, if any:   |  | · OIRIL    |
|   | nens funda  |  | ,  |            |
| (Name of  | partnership, firm or corporation)   |  |  |            |
|   | JH Women's F  | andation   | Date10\30\Z0\8   | _          |
| Political Contribution For each political contr client/lobbyist and lobb  | is;<br>ibution that is reportable<br>bying firm, indicate the f                             | pursuant to RSA Chapte   | er 664 paid on behalf of the   |            |
|   |   |  |  | <b>=</b>   |
| Full name of candidate:   | Pappas  | Chris  | ·  |            |
|   | (Last Name)   | (First Name)   | (Middle Name/Initial)  |            |
| Amount of contribution \$   | 00.00   | Office Candidate is  | Seeking MOC-CDO  |            |
| enter an estimated value a  | and the word "estimate."  | ove for amount of contribut  | ion. If the actual cost is not known,  |            |
| enter an estimated value a  | ind the word "estimate."  | ove for amount of contribut  | on. If the actual cost is not known,   | = ,        |
| Full name of candidate:   | (Last Name)   | (First Name)   | (Middle Name/Initial)  | <b>=</b> , |
| Full name of candidate:   | (Last Name)   | •  | (Middle Name/Initial)  | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in  | (Last Name)   | (First Name) Office Candidate is See a description of the goods  | (Middle Name/Initial)  | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in actual cost of the in-kind of the contribution is a cost of the contribution is an in actual cost of the contribution is actual cost of the contribution cost of the cost of | (Last Name)   | (First Name) Office Candidate is See a description of the goods  | (Middle Name/Initial)  Seeking   | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in actual cost of the in-kind center an estimated value a   | (Last Name) -kind contribution, provide contribution on the line about the word "estimate." | (First Name) Office Candidate is See a description of the goods  | (Middle Name/Initial)  Seeking   | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in actual cost of the in-kind center an estimated value a   | (Last Name) -kind contribution, provide contribution on the line about the word "estimate." | (First Name) Office Candidate is See a description of the goods  | (Middle Name/Initial)  Seeking   | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in actual cost of the in-kind center an estimated value a   | (Last Name) -kind contribution, provide contribution on the line about the word "estimate." | (First Name) Office Candidate is See a description of the goods  | (Middle Name/Initial)  Seeking   | =          |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in actual cost of the in-kind center an estimated value a  Full name of candidate:  | (Last Name) -kind contribution, provide contribution on the line about the word "estimate." | (First Name)  Office Candidate is Sove a description of the goods ove for amount of contribution of the goods over the goods over the contribution of the goods over the goods over the contribution of the goods over the goods o | (Middle Name/Initial)  Seeking  or services provided, and enter the on. If the actual cost is not known, | =          |

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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|----|---|---|---|---|---|----|
|    |   |   |   |   |   |    |

NEW HAMPSHIRE

TAIS (If more than three contributions were made, report additional contributions on separate addendum C forms.)

#### Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is troe and complete to the best of my knowledge and belief.

(Signature of lobbyist)

1 anna Clews

(Print Name of lobbyist)